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When no more research is needed (without further reflection)

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We owe it to the Cochrane Collaboration that evidence-based is currently a common parlance term in medicine. Systematic reviews are the backbone of our evidence-based knowledge. This is particularly true for those reviews listed within the Cochrane Library, due to the thoroughness of their process and the reliability of their outcomes.

We were therefore taken aback by the recent wheel churning sets of Cochrane reviews on the diagnosis of dementia using psychometric testing (in the reviews referred to as “neuropsychological”), promoted by The Cochrane Dementia and Cognitive Improvement Group, as this topic falls within the remit of Cortex. The starting point of several of these reviews is the erroneous and evidence-void concept that generic cognitive scales on their own can aid the differential diagnosis of dementia.

Titles of these reviews include:

- Mini-Mental State Examination (MMSE) for the detection of Alzheimer's disease and other dementias in people with mild cognitive impairment (MCI)
- Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting
- Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a primary care setting
- Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a secondary care setting
- Montreal Cognitive Assessment for the diagnosis of Alzheimer's disease and other dementias

We welcome Cochrane appraisals of screening scales and cognitive instruments proposed for the detection and monitoring of dementia, particularly as the claims concerning some other similar instruments, including the growing trend for computerised forms, have not been subject to systematic and critical review. However, the brief and generic cognitive assessments considered in these reviews can only detect that there is a general impairment in mental ability. They cannot identify the underlying cause of that impairment; poor performance on these collections of short tests cannot be an indicator of any particular

disease. By hinting, also in the titles, that generic cognitive assessments, like the MMSE or the Mini-Cog or the MoCA could lead to a differential diagnosis of dementias, or to the specific diagnosis of a type of dementia, like Alzheimer Disease, is equivocal.

It was the aim of the original proponents of these tests that they be used as severity scales, and as such they should be applied in clinical settings. To state that the aim of a review is “To determine the diagnostic accuracy of the Mini-Cog for diagnosing Alzheimer’s disease dementia and related dementias in a primary care setting” is effectively specious. The Mini-Cog is a very brief scale assessing the recall of three words and the ability to draw a clock face. It may be useful in determining whether a person could present with cognitive faults; certainly it cannot detect Alzheimer’s Disease vs. other forms of dementia. Hence, why the spurious question and aims?

Invariably, these reviews ambiguously conclude that more research is needed, which is a sort of tautological mantra hallmarking Cochrane reviews. We would maintain that no more research is needed on ill-posed questions and certainly no more systematic reviews, to avoid the stamp of approval offered by these kinds of studies by the illustrious Cochrane.